

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008549

FILED
May 20, 2008
Secretary of State

Entity Name: 107 AVENUE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9560 SW 107TH AVE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

396 ALHAMBRA CIRCLE
230
CORAL GABLES, FL 33134

New Mailing Address:

12595 SW 137 AVE
112
MIAMI, FL 33186

FEI Number: 02-0546891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRICE, IRA A
9560 S.W. 107 AVE #202
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRICE, IRA
Address: 9560 SW 107 AVE #202
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: CARMONA, FELIPE
Address: 9560 SW 107TH AVE #204
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: MEJIDO, JUDY
Address: 9560 SW 107TH AVE #205
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MEJIDO, JUDY
Address: 9560 SW 107TH AVE #205
City-St-Zip: MIAMI, FL 33176

Title: T () Change (X) Addition
Name: DORMAN, LAURENCE
Address: 9560 SW 107TH AVE #205
City-St-Zip: MIAMI, FL 33176

Title: D () Change (X) Addition
Name: CUBAS, ALFA
Address: 9560 SW 107TH AVE #205
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L ROCES

Electronic Signature of Signing Officer or Director

MGR

05/20/2008

_____ Date